RI SOS Filing Number: 202100025000 Date: 8/6/2021 11:13:00 AM



Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	inization are adopted for					
The name of the limited liability company is:						
SchKoda's Landscapina	LLC					
2. The name and address of the initial resident agent/office in Rhode	2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Brett Schkoda						
Street Address (NOT a P.O. Box). 41 NauSau Ket Ro						
City/Town Wizk	State RHODE ISLAND	Zip Code O2 886				
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):						
partnership or						
a corporation or						
disregarded as an entity separate from its member(s)						
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:						
Street Address NauSauKet Rd						
City/Town Warwizk	State RJ	Zip Code				
 The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization. 	iwful business, and shall ha more limited purpose or du	ive perpetual existence ration is set forth in				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED AUG 0 6 2021

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of Organization, including,	any, not consistent with faw, v but not fimited to, any limitati ny other provision which may	on of the purpose(s) or o	ct to have set forth in these Articles duration for which the limited liability ting agreement:
7 76 12 2 2 2 2 2 2 2			heck this box to indicate attachment
7. The Limited Liability Company is to be managed by:		.	
You MUST check one box Its member(s) (If you	have checked this box, skip t	o Section 8. Do not fill o	ut the chart below.)
One (1) or more mana		company has manager(s) at the time of the filing of these Articl
MANAGER	ADDRESS	<u> </u>	
		•	-
8. Date when these Articles	s of Organization will be effec	tive: CHECK ONE BOX	ONLY
Date received (Upon f	îlina)		
_	ate must be no more than 90	dove from the date of fil	inal
			of Organization, including any
accompanying attachments	s. and that all statements con	tained herein are true ar	nd correct.
Name of Authorized Person	1	Address	01
Drett Sch	Kota 1	41 Nausan	ket Rd
City/Town		State	Zip Code
Warwick	1 1	RI	02886
Signature of Authorized Perso			Date
Mull	Mh Mh		8-6-21
11.		-	

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 06, 2021 11:13 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

